96/28/00

UTILITY PATENT APPLICATION TRANSMITTAL

TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

35.G2609

First Named Inventor or Application Identifier

HIROSHI MATSUSHIMA

Express Mail Label No.

See M	APPLICATION ELEMENTS APPLICATION ELEMENTS APPLICATION ELEMENTS APPLICATION ELEMENTS	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231						
1. X	Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. Microfiche Computer Program (Appendix)						
2. X 3. X	Specification Total Pages 38 Drawing(s) (35 USC 113) Total Sheets 9 Oath or Declaration Total Pages 1	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies						
₽	a. Newly executed (original or copy)	ACCOMPANYING APPLICATION PARTS						
100 Hall 120	b. X Unexecuted for information purposes c. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. DELETION OF INVENTOR(S) Signed Statement attached deleting invento named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4c is checked) The entire disclosure of the prior application, from which a copy of oath or declaration is supplied under Box 4c, is considered as bein part of the disclosure of the accompanying application and is heret incorporated by reference therein.	11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations the Preliminary Amendment						
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No.								
18. CORRESPONDENCE ADDRESS								
	18. CORRESPONDENCE ADDRESS							
X Customer Number or Bar Code Label 05514 (Insert Customer No. or Attach bar code label here) or Correspondence address below								
NAME								
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City	State	Zip Code						

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CLAIMS	i . (1) F	OR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAI (37 CFR 1.16(c)	IMS	27-20 =	7	X \$ 18.00 =	\$ 126.00
	INDEPENDE CLAIMS (37 C	NT CFR 1.16(b))	9-3 =	6	X \$ 78.00 =	\$ 468.00
	MULTIPLE D	EPENDENT	CLAIMS (if applicable) (37	CFR 1.16(d))	\$ 260.00 =	\$ 00.00
					BASIC FE (37 CFR 1.16(E \$ 690.00
		an i sa i sa isa Ngaratan i sa isa isa		Total of	above Calculations	= \$1284.00
	Re	eduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).	No.
**1 5.56	9				TOTAL	= \$1284.00
19. S a b		A Small er			al application and s	uch status is still proper
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Sean W. O'Brien - Reg. No. 37,689			
SIGNATURE	Sean WOB.			
DATE	June 28, 2000			

SWO\vjw